

403 - ENROLLMENT CHOICE IN A CHOICE COUNTY AND CHANGE OF CONTRACTOR POLICY: ARIZONA LONG TERM CARE SYSTEM (ALTCS), ELDERLY/ PHYSICALLY DISABLED (EPD) CONTRACTORS

EFFECTIVE DATE: 10/01/00

REVISION DATE: 08/01/01

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This policy applies to ALTCS/EPD Contractors. This policy establishes guidelines, criteria and timeframes for how, when and by whom enrollment choice in a choice county and Contractor change requests will be processed for ALTCS members. This policy applies to Arizona Long Term Care (ALTCS) Contractors only (hereafter referred to as Contractors).

This policy delineates the rights, obligations and responsibilities of:

- The member
- The member's current Contractor
- The receiving Contractor, and
- The AHCCCS Administration,

In facilitating continuity of care, quality of care and efficient and effective program operations and in responding to administrative issues regarding member notification and errors in assignment.

II. DEFINITIONS

ALTCS LOCAL OFFICE	The ALTCS local office currently responsible for the member's financial eligibility case record.
ANNIVERSARY DATE	The month for which the member is entitled to make an annual enrollment choice. The anniversary date is 12 months from the date enrolled with the Contractor and annually thereafter.
CHOICE COUNTY OR GEOGRAPHIC SERVICE AREA (GSA)	A county or GSA with more than one ALTCS Contractor.
COUNTY OF FISCAL RESPONSIBILITY	The county that is financially responsible for the State's share of ALTCS funding.

CURRENT CONTRACTOR:	The Contractor with whom the member is enrolled at the time the change request is generated.
DAY:	Day means a calendar day unless otherwise specified.
RECEIVING CONTRACTOR:	The Contractor to whom the member is being changed.
REQUESTED CONTRACTOR:	The Contractor to whom the member wants to change.

III. POLICY

Some, but not all, ALTCS applicants and members who reside in a choice county or who are planning to move to a choice county must be offered an opportunity to choose a Contractor.

A. ENROLLMENT CHOICE IN A CHOICE COUNTY

1. Individual Entitled to Enrollment Choice

An individual is entitled to enrollment choice when:

- a. An applicant resides in a choice county and a choice county is the county of fiscal responsibility.
- b. A member moves from another county to his or her own home in a choice county, unless the member's current Contractor is available in the choice county.
- c. A member moves from another county to a nursing facility or alternative residential setting in a choice county and the current Contractor has chosen to negotiate an enrollment change.
- d. A member is currently enrolled with a Contractor serving a choice county, but a valid condition exists (see Section B) for requesting an enrollment change to another Contractor serving a choice county.
- e. A former member resides in a choice county and reestablishes eligibility that results in reenrollment more than 90 days after disenrollment.
- f. A member attains the annual anniversary date.

2. Individual Who Does Not Have Enrollment Choice

This policy does not apply to the following individuals:

- a. A member who is developmentally disabled
- b. A member who is a Native American with on-reservation status
- c. A choice county resident whose county of fiscal responsibility is not a choice county (unless the current Contractor chooses to negotiate a change to that choice county)

- d. A member who was disenrolled from a Contractor in a choice county, but subsequently reestablishes ALTCS eligibility that results in reenrollment within 90 days from disenrollment.
- e. Residents of counties other than a choice county, unless a choice county is the county of fiscal responsibility.
- f. A member who moves to a choice county and his or her current Contractor is available in that choice county.

3. INITIAL ENROLLMENT PROCESS

The initial enrollment process is used to obtain enrollment choice from an ALTCS/EPD applicant whose county of fiscal responsibility is a choice county.

STAGE	DESCRIPTION
1	ALTCS staff provides the applicant with: <ul style="list-style-type: none"> • An explanation of enrollment choice • Marketing materials from the Contractors serving the choice county. • Assistance in choosing a Contractor
2	ALTCS Staff obtains an enrollment choice before the application is approved.
3	Ongoing enrollment is prospective, effective the date the application is approved. Prior period coverage is effective retroactive to the first day of the first eligible month, unless the member is being transferred from an acute Contractor to an ALTCS Contractor.

4. Re-enrollment After Disenrollment

When a member, whose county of fiscal responsibility is a choice county, is disenrolled due to loss of ALTCS eligibility, but is subsequently determined eligible within 90 days from the date of disenrollment, the member will be reenrolled with the former Contractor, if that Contractor is still available. If that Contractor is not available, the member will be given the opportunity to choose a Contractor.

When reenrollment occurs more than 90 days after the disenrollment, or another valid reason for change exists, the member will be given the opportunity to choose a Contractor.

When a member is reenrolled within 90 days, the anniversary date is determined by the previous enrollment date. The member may choose to enroll with a different Contractor on his/her anniversary date, which is established by the initial enrollment with that Contractor.

5. ENROLLMENT CHOICE PROCESS FOR FISCAL COUNTY CHANGES

An enrollment choice must be obtained before a member's enrollment can be changed to a Contractor serving a choice county. The enrollment choice process applies to an ALTCS member who moves to a choice county to:

- a. His or her own home
- b. A nursing facility or alternative residential setting and the current Contractor requests an enrollment choice in order to negotiate an enrollment change with a Contractor in a choice county.

The enrollment choice process consists of the following steps:

STEP	ACTION
1	The ALTCS local office provides the member with: <ul style="list-style-type: none"> • an explanation of enrollment choice • marketing materials from each of the Contractors serving a choice county The member is asked to provide a choice prior to actually moving or within 10 days of our request.
2	The ALTCS local office provides the member with assistance in making the decision throughout the process.
3	When the member does not make a choice within 10 days, the ALTCS local office sends an Enrollment Choice Reminder Notice asking the member to provide a choice within the next 10 days.

B. IDENTIFYING & PROCESSING REQUESTS FOR CONTRACTOR CHANGES WITHIN A CHOICE COUNTY

Generally, once enrollment occurs a member cannot change enrollment until their anniversary date. This is called Annual Enrollment. However, an enrollment change from one choice county Contractor to another choice county Contractor can be made for certain reasons.

1. Medical Continuity of Care Requests

In unusual situations, special Contractor changes may be approved on a case-by-case basis to ensure the member's access to care. These situations generally involve existing conditions at the time of enrollment as opposed to new conditions that develop after enrollment.

The following special process is required:

STEP	ACTION
1	The member's PCP must provide documentation to the Medical Directors of both Contractors that support the need for a Contractor change. Both Contractors must be reasonable in the request for documentation.
2	<p>The Medical Directors of both Contractors must approve the change.</p> <ul style="list-style-type: none"> • In order to provide continuity of care on a temporary basis for the member's period of illness, the current Contractor may agree to reimburse the member's provider for service rather than approve a Contractor change. • If one of the Contractors denies the request, the change request is forwarded to the AHCCCS Medical Director for a final decision.
3	<p>When both Contractors approve the change the receiving Contractor sends the completed Program Contractor Change Request Form (DE-621) to the Program Contractor Change Request Coordinator at AHCCCS Central Office Field Operations.</p> <p>When the requested Contractor denies the request, the DE-621 is returned to the current Contractor who may forward the DE-621 to the AHCCCS Medical Director.</p>
4	If the AHCCCS Medical Director approves the change, the DE-621 is returned to the current Contractor to negotiate the effective date of the change. The current Contractor sends the DE-621 to the Program Contractor Change Request Coordinator at AHCCCS Central Office Field Operations.
5	The Program Contractor Change Request Coordinator processes the change.
6	If the change request is denied by the AHCCCS Medical Director, the Division of Health Care Management/ALTCS Unit will provide written notice of the denial including notice of appeal rights to the member and to both the current and receiving/requested Contractors.

2. Valid Conditions (Excluding Medical Continuity of Care)

When any of the following conditions exist, an ALTCS local office may authorize a change of Contractors within a choice county.

- a. Erroneous network information or agency error: The applicant or representative made an enrollment choice based on erroneous information regarding facility, residential setting, PCP or other provider contracting with the chosen Contractor based on information supplied by the network database, marketing materials, or agency error. Erroneous information includes omissions or failure to divulge network limitations and restrictions in the Contractor's marketing material or database submissions.

- b. Lack of initial enrollment choice: An ALTCS applicant residing in a choice county is, for any reason, not offered a choice of Contractors during the application process.
- c. Lack of annual enrollment choice: The member was entitled to participate in an Annual Enrollment Choice but was not sent an Annual Enrollment Choice notice or the notice was not received, or was sent an Annual Enrollment Choice notice but was unable to participate in the Annual Enrollment Choice due to circumstances beyond the member's control (i.e., member or representative was hospitalized, anniversary date fell within a 90 day disenroll/reenroll period).
- d. Family continuity of care: The member, either through auto-assignment or the choice process, is not enrolled with the same Contractor as the other family members. To promote continuity of care, family members, such as married couples, may choose to be enrolled with the same Contractor.
- e. Continuity of institutional or residential setting: The member's Contractor terminates their contract with the institutional or residential setting in which the member resides, and the member or the member's representative requests to change to a Contractor who contracts with their institutional or residential setting. The member must be enrolled and living in the facility at the time of the contract termination.
- f. If the provider (nursing facility or alternative residential setting) terminates the contract, the Local Office will request instructions from the Division of Health Care Management/ALTCS Unit before making any changes.
- g. Failure to correctly apply the 90-day reenrollment policy: The member lost ALTCS eligibility and was disenrolled, was subsequently reapproved for ALTCS within 90 days of the disenrollment date, but was enrolled with a different Contractor.

3. Processing Enrollment Change Requests

The following procedures apply when a member requests a change of Contractors within a choice county

WHEN...	THEN...
The member makes the request for a change to the Contractor and claims a valid condition exists (see pages 7 and 9).	The Contractor will report the request to the Local ALTCS Office using the ALTCS Member Change Report Form (DE-701).
The ALTCS local office receives a change request from a Contractor or a member	The ALTCS local office will investigate the request to determine if a valid condition exists.
The ALTCS local office determines that a valid change condition exists	The ALTCS local office will change the member's enrollment to the Contractor the member chooses. The enrollment change is effective the day the change is processed by the ALTCS local office.
The ALTCS local offices determines that the nursing facility or alternative residential setting terminated the contract	The ALTCS local office will send written request to the DHCM ALTCS Unit Manager and may change the enrollment only if approved in the response.

WHEN...	THEN...
The ALTCS local office determines that a valid situation does not exist	<p>The ALTCS local office will:</p> <ul style="list-style-type: none"> • Send the member a Denial of Program Contractor Change Request (DE-548) denying the request and giving the member the right to appeal the decision. • Refer the member to his or her current Contractor for resolution of existing issues.

C. FISCAL COUNTY AND ENROLLMENT CHANGE POLICIES

1. Placements by a Contractor

When a Contractor places a member in a nursing facility or alternative residential setting in a different county (either to receive specialized treatment or because of lack of beds in the Contractor's county), the county of fiscal responsibility and enrollment do not change.

2. Moves initiated by the member or the member's family

When a member moves from one county to another county, the county of fiscal responsibility and enrollment are determined according to the following policies:

IF THE MEMBER MOVES TO...	THEN...
His or her own home	<p><u>County of Fiscal Responsibility</u></p> <ul style="list-style-type: none"> • The county of fiscal responsibility changes to the (new county) county in which the home is located. <p><u>Enrollment</u></p> <ul style="list-style-type: none"> • Enrollment remains unchanged if the same Contractor serves both counties • Enrollment changes if the member moves to a county served by a different Contractor. • The Enrollment Choice process must be completed prior to enrollment and fiscal county changes if the home is located in a choice county and the current Contractor is not available in that choice county.

IF THE MEMBER MOVES TO...	THEN...
A nursing facility or an alternative residential setting	<ul style="list-style-type: none"> • The county of fiscal responsibility and enrollment will remain unchanged unless the current Contractor successfully negotiates a change with a Contractor serving the new county. • The Enrollment Choice process must be completed prior to the negotiation process when the member moves to a choice county.

3. Uncoordinated Moves by the Member

The Contractor is responsible for explaining the service limitations and exclusions to members who move out of the Contractor's service area.

The current Contractor is liable only for those services authorized by an ALTCS member's case manager.

D. MEMBER MOVES TO OWN HOME IN ANOTHER COUNTY

When a member resides in his or her own home the following policies apply:

- The county of fiscal responsibility is the county where the member's or child's parents home is located.
- Enrollment is with a Contractor serving the geographic service area (or fiscal county) where the home is located.
- When the member moves to his or her own home in a choice county, and is not already enrolled with a Contractor serving that choice county, the member must be given an opportunity to choose a Contractor. The member will be enrolled with the Contractor selected through the enrollment choice process.
- The enrollment change and the change in county of fiscal responsibility cannot occur until the enrollment choice process is completed.

1. Member's Responsibilities

The member is responsible for reporting the move or anticipated move to the current Contractor and the ALTCS local office.

2. Contractor Responsibilities

The current Contractor is responsible for:

- a. Notifying the ALTCS local office that the member moved by sending a Member Change Report (DE-701),
- b. Explaining service limitations and exclusions to a member who moves out of the Contractor's service area, and
- c. Transitioning the member to the new Contractor, which includes forwarding medical records and other materials to the receiving Contractor.

3. ALTCS Local Office Responsibilities

The ALTCS local office is responsible for:

- a. Completing the enrollment choice process for members changing to a choice county,
- b. Changing the member's living arrangement (if appropriate) and address when the move occurs,
- c. Making necessary changes in the county of fiscal responsibility and enrollment, and
- d. Making changes to eligibility and share of cost arising from the change in the member's living arrangement.

4. Enrollment Change Procedures

The ALTCS local office will complete the following steps:

STEP	ACTION
1	Determine if the county of fiscal responsibility and enrollment need to be changed. (The county of fiscal responsibility and enrollment may already be correct.) <ul style="list-style-type: none"> • If a change is required, proceed to Step 2. • If no change is needed, update the address and living arrangement, and share of cost, if necessary.
2	Complete the Enrollment Choice Process if enrollment needs to be changed to a Contractor serving a choice county. When the member is unable or unwilling to make a choice the current ALTCS local office will either select a Contractor for the member or permit auto assignment to a Contractor by PMMIS in accordance with the criteria in the Eligibility Policy Manual.
3	Process fiscal county and enrollment changes.
4	Determine if the eligibility case record should be transferred according to the criteria in Eligibility Policy Manual.

E. MEMBER MOVES TO A NURSING FACILITY OR ALTERNATIVE RESIDENTIAL SETTING IN ANOTHER COUNTY

When the current Contractor provides services to the county where the member is moving, the enrollment and county of fiscal responsibility do not change.

When the current Contractor chooses to contract with the nursing facility or alternative residential setting, the enrollment and county of fiscal responsibility do not change.

When the current Contractor requests an enrollment change, the approval of both the current and the requested/receiving Contractor is required.

When the member moves to a choice county, the enrollment choice process must be completed before the current Contractor can initiate negotiations with a requested Contractor.

When the receiving/requested Contractor does not agree to the change, the current Contractor may request a decision from the AHCCCS Medical Director.

1. Member's Responsibilities

The member is responsible for reporting the move or anticipated move to the current Contractor and the ALTCS local office.

2. Current Contractor Responsibilities

- a. When the current Contractor is notified that a member has moved to another county or plans to move to another county, and the member resides or plans to reside in a nursing facility or alternative residential setting, and the current Contractor does not serve the other county, the current Contractor has the following options:
 - i. Retain the member and contract with an out of county provider,
 - ii. Negotiate an enrollment change, or
 - iii. Pay facility expenses for a limited number of days while plans are being made to move the member to a contracted facility. If the member refuses to move to a contracted facility, follow the non-user procedures in the AHCCCS Eligibility Policy Manual.
- b. When enrollment change is the preferred option, the current Contractor is responsible for:
 - i. Calling the ALTCS local office and requesting an enrollment choice when the move is to a choice county
 - ii. Completing a Program Contractor Change Request (DE-621) and sending it to the Contractor serving the GSA or the requested choice county Contractor, and
 - iii. Transitioning the member when a change is approved.

3. ALTCS Local Office Responsibilities

a. General Responsibilities;

The ALTCS local office is responsible for:

- i. Assuring that the current Contractor is aware of the move or the member's plan to move, by contacting the current Contractor and advising the member to contact the current Contractor
- ii. Informing the member that the current Contractor:
- iii. Must be involved in the placement change
- iv. Is only liable for services authorized by the case manager
- v. Changing the member's address when the move is verified, and
- vi. Determining whether to retain or transfer the eligibility case file based on the case file transfer policy in the Eligibility Policy Manual.

b. Enrollment Choice for Transfers to a Choice County

When enrollment choice is requested by the current Contractor, the ALTCS local office is also responsible for:

- i. Informing the member about enrollment choice
- ii. Providing marketing materials to the member
- iii. Providing assistance to the member as necessary, and
- iv. Obtaining an enrollment choice from the member and notifying the current Contractor.

4. Requested Contractor's Responsibilities

When a Program Contractor Change Request (DE-621) is received the requested Contractor is responsible for:

- a. Approving or denying the change request by completing the DE-621, and
- b. Transitioning the member when the change request is approved or the AHCCCS Medical Director directs the change.

5. AHCCCS Medical Director's Responsibilities

The AHCCCS Medical Director determines whether an enrollment change is appropriate when the receiving/requested Contractor denies the enrollment change and the current Contractor requests review by the AHCCCS Medical Director.

If approved, a written decision is issued to the current Contractor. If denied, a written notice of the denial including notice of appeal rights is issued to the current Contractor, the receiving/requested Contractor and the member.

6. AHCCCS Central Office Field Operations Responsibilities

The AHCCCS Central Office Field Operations is responsible for:

- a. Processing enrollment and county of fiscal responsibility changes, and
- b. Sending the ALTCS local office a copy of the DE-621.

F. Enrollment Change Process

The following steps are involved in the enrollment change process:

STEP	ACTION
1	The member moves or indicates a desire or plan to move to a nursing facility or alternative residential setting in another county.
2	When advised of the move the ALTCS office: <ul style="list-style-type: none"> • notifies the current Contractor, • advises the member to contact the current Contractor, and • warns the member about limitations on services received from out-of-network providers.
3	When the move has been verified, the ALTCS local office changes only the member's address/living arrangement, not the county of fiscal responsibility.
4	When the move is to a choice county: <ul style="list-style-type: none"> • The current Contractor asks the ALTCS local office to complete the Enrollment Choice Process. • The ALTCS local office obtains an enrollment choice and informs the current Contractor.
5	The current Contractor completes a Program Contractor Change Request (DE-621) and sends it to the Contractor serving the new county of residence. In a choice county this will be the requested Contractor. If the Contractor serving the new county of residence denies the request, the current Contractor may forward to the AHCCCS Medical Director for a final decision.
6	When the Contractors or the AHCCCS Medical Director approves a change, the Program Contractor Change Request Coordinator at AHCCCS Central Office processes the enrollment and county of fiscal responsibility changes and notifies the ALTCS local office. The current Contractor will forward medical records and other materials to the receiving Contractor.
7	If the change request is denied by the AHCCCS Medical Director, the Division of Health Care Management/ALTCS Unit will provide written notice of the denial including notice of appeal rights to the member and to both the current and receiving/requested Contractors. When the change is denied, the current Contractor continues to provide services to the member.
8	The ALTCS local office determines if the eligibility case record should be transferred according to the criteria in Eligibility Policy Manual.

G. The Contractor's Responsibilities**1. Provide Contractor change policy**

Contractors are responsible for providing information on the Contractor change policy in:

- a. The Member Handbook for new and existing members, and
- b. The Provider Manual for providers

2. Address members' concerns

The current Contractor is responsible for promptly addressing members' concerns regarding availability and accessibility of services and quality of medical care. These issues include but are not limited to:

- a. Quality of care
- b. Case management responsiveness
- c. Transportation service availability
- d. Institutional care issues
- e. Physician or provider office hours
- f. Office waiting time, and
- g. Network limitations and restrictions.

3. Refer unresolved issues

When quality of care and delivery of medical service issues raised by the member cannot be solved through the normal case management process, the current Contractor must refer the issue for review by:

- a. The current Contractor's Quality Management Department and/or
- b. The AHCCCS Medical Director

4. Transitioning Between Contractors

The current Contractor is responsible for:

- a. Reporting the member's address and living arrangement changes to AHCCCS
- b. Encouraging members to report anticipated moves to another county or geographic service area to them (current Contractor) and to the ALTCS local office prior to moving. Advance notice will facilitate continuity of service delivery.
- c. Advising members to contact the ALTCS local office to request an enrollment change between Contractors serving a choice county if a valid reason other than medical continuity of care is claimed.
- d. Accepting a member's request for an enrollment change to another county. The request may be verbal or in writing and may be addressed to the member's case manager.
- e. Forwarding medical records and other materials to the receiving Contractor.

Both the current Contractor and the receiving Contractor are responsible for assuring a safe transition for the member when an enrollment change occurs. The Contractors will transition within the requirements and protocols in the AHCCCS Medical Policy Manual, Chapter 500.

5. Process Members' Enrollment Change Requests

The Contractor will process enrollment change requests from members as follows:

WHEN THE MEMBER REQUESTS A CONTRACTOR CHANGE	THEN THE CURRENT CONTRACTOR
Within a choice county and the member claims a valid condition exists	Refers the issue to the ALTCS local office for review using the ALTCS Member Change Report (DE-701).
That requires the approval of both the current and the receiving Contractors	<p>Notifies the ALTCS local office if the member lives in a choice county or is moving to a choice county to initiate the Enrollment Choice Process.</p> <p>Negotiates the change with the requested Contractor.</p> <p>Completes a DE-621 and forwards it to the requested Contractor.</p> <p>Notifies the member if the change is approved.</p> <p>May forward the DE-621 to the AHCCCS Medical Director if the requested Contractor denies the change.</p> <p>Notifies the member in writing if the enrollment change is denied at the Contractor level. The denial notice must include</p> <ul style="list-style-type: none"> • the AHCCCS Program Contractor Grievance Policy, and • timeframes for filing a grievance.

6. Notify hospitals of certain enrollment changes

When an enrollment change occurs while the member is hospitalized, the current Contractor must notify the hospital of the member's disenrollment prior to the enrollment with the receiving Contractor.

If the current Contractor fails to provide such notice to the hospital, the current Contractor will continue to be responsible for payment of hospital services provided to the member until the date notice is provided to the hospital as required in the AHCCCS Medical Policy Manual, Chapter 500.

7. Process Grievances

When an enrollment change requested by the member is denied by the Contractor (not the AHCCCS Medical Director), the current Contractor is responsible for processing any resulting grievances.

H. AHCCCS ADMINISTRATION'S RESPONSIBILITIES

1. Enrollment change requests received from members

Except for valid changes within a choice county or a change due to the member moving to his or her own home, the AHCCCS Administration or the ALTCS local office will refer a member's request for an enrollment change to the current Contractor.

2. Process enrollment change requests

The AHCCCSA will process enrollment change requests within 5 days after the request is received, or all conditions for processing an enrollment change have been met, whichever is later.

3. Issue decisions

The AHCCCSA will notify Contractors of enrollment change approvals via the daily recipient roster. AHCCCSA will mail a new AHCCCS ID card to the member.

AHCCCSA will send notification to both the current and receiving Contractors and the member when an enrollment change is denied by the AHCCCS Medical Director. When approved by the AHCCCS Medical Director, notification will be sent to the current Contractor.

4. Process Grievances

When an enrollment change is denied by the AHCCCS Medical Director, AHCCCSA is responsible for processing all resulting member grievance.

The Division of Health Care Management, ALTCS Unit sends the member a denial notice, which explains the Grievance System under 9 A.A.C. 34.

5. Monitor policy compliance

The AHCCCS Division of Health Care Management (DHCM) will monitor Contractor compliance with this policy. Any violations of this policy, especially attempts to deny care or steer high cost or difficult members to another Contractor, will be considered contract violations and will be subject to sanctions up to and including contract termination.

IV. REFERENCES

- ALTCS Contract, Section D
- Arizona Administrative Code R9-28, Article 7
- AHCCCS Medical Policy Manual Chapter 500